

IMPROVING THE POSTPARTUM PATIENT EXPERIENCE WITH IMPLEMENTATION
OF A TEACH-BACK METHODOLOGY DURING HOSPITAL DISCHARGE EDUCATION

A Doctor of Nursing Practice Project Report

by

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This Doctor of Nursing Practice Project Report meets the standards for scope and quality of Texas A&M University-Corpus Christi College of Nursing and Health Sciences and is hereby approved.

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August 2021

DEDICATION

I dedicate this work to God, my beloved family, and all mothers who have suffered a traumatic event during and after childbirth. To my mom, who suffered a postpartum hemorrhage, thank you for being my driving force to improve maternal outcomes.

ACKNOWLEDGEMENTS

I would like to acknowledge my Graduate Chair, Dr. Bunny Forgione, who made this project a success. Her guidance and direction through the stages of this project supported me through the program. I would also like to thank my committee members for encouraging me with your suggestions and feedback during my defense. You all have made this moment inspiring.

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ABSTRACT

Postpartum discharge education is a significant event of a maternal patient's birth experience. Being discharged from the hospital setting can be overwhelming for a new mother when she is focused on the care and safety of her newborn. It is crucial to explore the best techniques to deliver discharge education to a mother in a way that enhances her perception of quality patient care and informs her of important critical warning signs, post-birth, to prevent maternal mortality and morbidity. The purpose of this quality improvement project was to improve nursing communication at discharge and determine if utilizing a teach-back methodology improved Press Ganey Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores, specifically pertaining to discharge communication. The Plan, Do, Study, Act (PDSA) framework guided the project team using the *Always Use Teach Back!* toolkit from the Institute for Healthcare Improvement (IHI). The results suggested significantly higher registered nurse self-assessment scores of conviction and confidence in using a teach-back methodology during discharge education from pre-implementation and post implementation surveys. Furthermore, the postpartum patients had an increase in Press Ganey HCAHPS scores when their discharge education incorporated a teach-back methodology.

Keywords: postpartum, discharge communication, discharge education, registered nurse confidence, registered nurse conviction, teach-back methodology, Press Ganey Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

Improving the Postpartum Patient Experience with Implementation of a Teach-back Methodology During Hospital Discharge Education

INTRODUCTION

The United States of America (US) has one of the highest maternal mortality rates among 11 developed countries (Melillo, 2020). When considering all 184 countries, with a ranking of one representing the highest number of female deaths per 100,000 live births, Mexico ranks 108th (with 33 deaths per 100,000 live births) the US ranks 120th (with 19 deaths per 100,000 live births) and Canada ranks 145th (with 10 deaths per 100,00 live births (Central Intelligence Agency [CIA], 2017). The Centers for Disease Control and Prevention reports an increase in maternal deaths since the year 2000, and a rate of 17.4 deaths per 100,000 live births a year, approximately 700 maternal deaths per year (Centers for Disease Control and Prevention [CDC], 2019). While 700 pregnancy-related deaths a year may not seem substantial, two-thirds of those deaths could have been prevented (CDC, 2019). Furthermore, it is estimated that 36% of maternal deaths occur during delivery or in the first seven days post-delivery and 33% of maternal deaths occur after one week through one-year post-delivery (Centers for Disease Control and Prevention [CDC], 2020).

Postpartum instructions are an important aspect of care delivered by nurses during a patient's hospital stay. Guaranteeing patients understand the importance of discharge care and follow-up is essential to equip them with confidence in self-care and newborn care, as well as improving their experience with the care received during their admission. Currently, 40% of women do not attend their postpartum visits with their healthcare provider (American College of Obstetricians and Gynecologists Committee on Obstetric Practice [ACOG], 2018). Wagner and Washington (2016) performed a quasi-experimental, posttest-only design to determine the

relationship between postpartum patients' collaboration and satisfaction with registered nurses and the method of postpartum discharge teaching given. Pregnant and postpartum patients express their dissatisfaction with the care received during their hospital stay when they perceived their discharge instructions were inadequate in guiding them to care for their newborn and themselves after discharge (Wagner & Washington, 2016). Inadequate discharge care leads to misdiagnoses at subsequent visits or failure to recognize signs and symptoms of serious illness during the postpartum period (Agency for Healthcare Research and Quality [AHRQ], 2019).

In Texas, the maternal mortality and morbidity rates are alarming. Texas reports a severe maternal mortality ratio for 2013 through 2015 as follows,

- 2013: 18.9 maternal deaths per 100,000 live births
- 2014: 20.7 maternal deaths per 100,000 live births
- 2015: 18.1 maternal deaths per 100,000 live births (Texas Department of State Health Services: Maternal Mortality and Morbidity Review Committee, 2020).

Furthermore, Texas identifies the rate of severe maternal morbidity is increasing for non-Hispanic black women since 2016. The rate of severe maternal morbidity per 10,000 births for non-Hispanic black women in 2018 totaled 299.4 cases compared to the states rate of 182.3 (TDSHS,2020). The Texas Maternal Mortality and Morbidity Review Committee (MMMRC) recommends an increase in access to care for pregnant women, and throughout the first year post delivery, to assist in continuity of care and improve lifelong health conditions in women (TDSHS, 2020). During case reviews of 2013, the MMMRC found 31 percent of pregnancy-related deaths occurred 43 days to one year after the delivery and lack of access, financial resources, or failure to seek care and comply with medical recommendations impacted these deaths (TDSHS, 2020).

The Texas Maternal Mortality and Morbidity Review Committee identified the five most common contributing factors to pregnancy-related deaths for the maternal patient as having chronic disease (18%), non-validated of knowledge regarding the importance of treatments or symptom follow-up (12%), failure to seek care or delay in seeking care (10%), lack of financial resources or access to care (9%), and low adherence to medical recommendations (9%; TDSHS, 2020). Ensuring patients have adequate discharge education and validation of their understanding can increase the postpartum patient's awareness of life-threatening conditions, improve discharge follow-up, and increase the hospitals Press Ganey HCAHPS scores of discharge communication.

Background

Review of Literature

According to recent studies, the gap between the registered nurses' insufficient validation of hospital discharge communication to postpartum women and lack of attention to individual patient competencies in self-care goals increases the potential for life-threatening events. A systematic review of the literature was performed investigating postpartum discharge instructions, and two-thirds of all articles reviewed ($n = 81$) provided evidence of negative registered nurse stances and actions regarding education and communication to the postpartum patient at discharge (Mannava et al., 2015). Based on these findings, Mannava et al. (2015) concluded that registered nurses' lack of effective communication has impacted emotional welfare, patient experience, maternal health outcomes, and overall quality care.

Suplee et al. (2017) performed a descriptive statistical and bivariate analysis study to assess the postpartum nurses' knowledge of maternal morbidity and mortality and identify the education they give to women prior to discharge about postpartum warning signs and

complications. The study found on the day of discharging a postpartum patient, 67% of registered nurses admit to spending less than 10 minutes communicating potential warning signs of postpartum emergencies (Suplee et al., 2017). Ninety-five percent of the registered nurses polled, agreed to a strong relationship between the postpartum patient's discharge education and the patients understanding of the risks associated with maternal morbidity and mortality (Suplee et al., 2017).

Cacal (2018) utilized the Iowa Model of Evidence-Based Practice to implement a teach-back method. Researchers have provided evidence that discharge communication given to the postpartum patient during the discharge education process is not always retained 40% of the time (Cacal, 2018). The decreased retention is related to the overwhelming amount of information provided by multiple nurses when the new parent may be focused on caring for her newborn (Cacal, 2018). Cacal (2018) explained using a teach-back methodology during education that requires in depth comprehension, such as discharge education, improved patient experience scores from 89.5 to 92.2. Utilizing a teach-back methodology is a proven method to improve comprehension of discharge materials and enhances communication between the mother and registered nurses (Cacal, 2018).

With the use of a teach-back methodology, researchers have identified that an organized evidenced-based discharge education session, that is specific to postpartum medical risks and self-care, will expand the patients' experience and improve the hospital's Press Ganey HCAHPS scores after discharge (Adler et al., 2019). Ghiasvand et al., (2017) performed an experimental study to examine the effect of a self-care program based on a teach-back methodology on the postpartum patients' quality of life. Researchers used a postpartum quality of life questionnaire for two trial groups. One group received routine postpartum care instructions and the other

group had an additional two educational sessions of psychological and physical postpartum care using a teach-back methodology (Ghiasvand et. al., 2017). The results suggest a significant inter-group difference after the teach-back methodology was used in terms of the maternal feelings towards her child, her significant other, herself, and her physical health before and after the intervention (Ghiasvand et. al., 2017). Ghiasvand et al., (2017) explain that implementing a postpartum self-care discharge education program, based on a teach-back methodology, can also significantly improve a postpartum woman's quality of life after childbirth.

Problem Description in the Setting

This quality improvement project was conducted in a large metropolitan tertiary healthcare hospital in South Texas. The hospital supported 1455 employees, 631 inpatient beds, and has clinical services that included cardiovascular, emergency, oncology, orthopedics, obstetrics, rehabilitation, neonatal care, and psychiatric services (Federation of American Hospitals [FAH], 2020). The postpartum unit was a 31-bed unit with a registered nursing staff of 33 on the full-time employee roster. The facility trained the registered nurses during new employee orientation for eight weeks and then their skills were maintained by annual competencies in postpartum care. There were 12 board certified obstetricians-gynecologists and six board certified high-risk maternal-fetal medicine specialist who together, delivered approximately 4,000 infants yearly at the healthcare facility.

During an assessment of increased postpartum readmissions at this South Texas Hospital, the project team and postpartum registered nursing staff explained their review of patients with similar diagnoses' that were presenting to the postpartum unit. The common readmission diagnosis included postpartum eclampsia and postpartum cesarean section site infection. When the women's services leadership team performed patient rounds, several of the readmitted

patients voiced concern regarding their lack of awareness of signs and symptoms of post-birth emergencies, when to seek care, and where to seek care after discharge. These concerns led to an assessment of the discharge process on the postpartum unit. As the Project Director, I also reviewed the Press Ganey HCAHPS scores focusing on “discharge communication.”

Furthermore, I evaluated the hospitals postpartum unit at the micro-level of care. I found that the individual level of care delivery was under-prepared for discharge instructions. Previously, the unit completed the discharge process for postpartum women in a classroom setting. This process was put into place in approximately 2009 and was taught by only two registered nurses employed by the department. During the COVID-19 pandemic, the classroom setting education was eliminated due to the inability to provide social distancing. During the COVID-19 pandemic, a new process of providing discharge instructions was to educate the patient at the bedside by the registered nurses using printouts of discharge education information from the South Texas Hospitals EHR system.

The decade of a classroom-style discharge presentation, led by a few staff members, left the bedside nurse ill-equipped to educate a structured, evidence-based method of education to the postpartum patient. Wagner and Washington (2016) explained that postpartum women who received discharge education from registered nursing staff utilizing a teach-back methodology gave higher patient experience scores than those who attended a group discharge class. The lack of an organized evidence-based education process resulted in inadequate nurse understanding of maternal high-risk signs and symptoms for postpartum discharge instructions and left the patients dissatisfied and at risk for poor quality outcomes.

Hospital reimbursement is linked to the Press Ganey HCAHPS scores. The Press Ganey HCAHPS system is a questionnaire, provided to patients following discharge, that measures their

responses to questions regarding perception of quality of care which includes items specific to “communication with nurses” and “discharge instructions” (Wagner & Washington, 2016). For this postpartum unit, the lowest Press Ganey HCAHPS score on “communication at discharge” was 12% during a one-year review of the data from 2019 through 2020, the desired goal of the facility was 95% (Press Ganey, 2020). As the project team reviewed the discharge education workflow of the postpartum registered nurses, it was observed there was a lack of consistency in the discharge teaching practices when performed at the bedside.

After the assessment, the project team and postpartum registered nurses validated that the current discharge education process lacked structure, evidence-based practices, and a review of up-to-date post-birth warning signs. In the past, the information given to the postpartum patient included a variety of printed educational materials from various websites, physician-specific hand-outs, and/or a one-page black and white printout that discussed discharge follow up appointments and identified signs of postpartum hemorrhage and depression. The new awareness of the current practices guided the project team in developing a plan to improve discharge education for the postpartum patient. The new plan included consistently using an evidence-based teach-back methodology and creating a standardized discharge education handout to increase registered nurses’ self-assessment of confidence and conviction, improve utilization, and incorporating teach-back elements when using the teach-back method and to improve the Press Ganey HCAHPS scores pertaining to discharge communication.

Project Purpose and Aims

The purpose of this quality improvement project was to improve nursing communication with postpartum patients at discharge through application of an evidence-based teach-back methodology aimed toward increasing nurses’ self-assessment of confidence and conviction in a

teach-back method and improving Press Ganey HCAHPS scores. The clinical practice question guiding this project was: For postpartum patients being discharged from this South Texas hospital, does utilizing a teach-back methodology compare to current discharge practices improve nurses' confidence and conviction in the teach-back method and increase Press Ganey HCAHPS scores regarding communication with nurses at discharge, within 90 days post-intervention? This quality improvement project aligns with the Doctor of Nursing Practice Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health by improving nursing communication during education to increase the self-care promotion of the postpartum patient (American Association of Colleges of Nursing, 2006). This quality improvement project aligns with the American Organization for Nursing Leadership (AONL) nurse executive competency: population health by improving communications and relationships with effective communication, relationship management, and influencing behaviors (AONL, 2015).

There were two aims identified for the quality improvement project. The first was to improve Press Ganey HCAHPS scores for registered nursing communication at discharge by implementing a teach-back methodology during the postpartum discharge education. The specific goal was to increase Press Ganey HCAHPS survey scores regarding nurse communication on discharge by 10% at the end of 90 days, when compared to the same scores 90 days pre-intervention. In addition, implementing a teach-back methodology can increase the registered nurse's confidence in performing discharge education by improving the understanding of the postpartum patient's health literacy (Kaiser Health [KH], 2019).

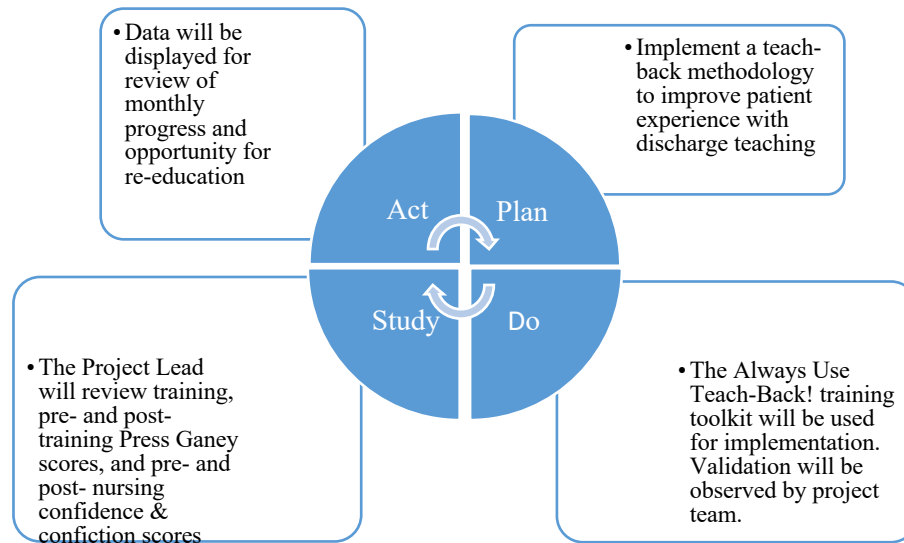
The second aim of this project was to improve registered nurse's self-assessment scores when performing discharge education with an evidence-based teach-back methodology. The

four-part *Always Use Teach-back!* “Conviction and Confidence” Tool was obtained from the Institute of Healthcare Improvement (IHI) website to assess the registered nurse’s self-assessment of their conviction to use teach-back, confidence in using teach-back, their current utilization of teach-back, and the elements of effective teach-back that they use more than half the time in the past work week. The specific goal was to increase the amount of registered nurse’s who scored themselves with a “10” for pre- and post-implementation scores in conviction and confidence by 10%. In addition, the utilization of teach-back pre- and post-implementation will increase by 10% for registered nurses who have used teach-back in 6 months or less. Lastly, the number of elements used by the registered nurses during teach-back will increase by 10% for each element topic.

Guiding Frameworks

There were two theoretical frameworks used in this quality improvement project, the Plan-Do-Study-Act (PDSA) framework, and Donabedian’s Conceptual framework. The PDSA is a four-step model for improvement that tests change by planning for it, doing it, observing the results, and acting on the lessons learned (Institute for Healthcare Improvement [IHI], 2020). The pre-planning PDSA framework for this quality improvement project is presented in Figure 1.

Figure 1: Plan Do Study Act Framework



The second framework was the Donabedian's Conceptual Framework, used to study the hospital's organizational structure, process, and outcome of nursing communication. Gardner, Gardner, and O'Connell (2014) explain how Donabedian's framework allows for comprehension of the healthcare structure and process requirements for designing nursing innovation, which helps develop a foundation for effective, safe, patient-centered care. Illustrations presented in Figure 2 show the connection among the three concepts within Donabedian's conceptual framework. Based on the Donabedian conceptual framework, quality improvement processes were implemented to improve the health outcomes of a patient's recovery, their self-care, and healthcare experience (McDonald et al., 2007).

Figure 2: Donabedian's Framework



METHODS

Ethical Considerations

This project plan was reviewed by the Texas A&M University – Corpus Christi (TAMUCC) Institutional Research Compliance Office and received a determination of “Not Human Subjects Research” and permission to proceed as a Quality Improvement project. Refer to the Letter of Determination from the TAMU-CC Compliance Office in Appendix A. Furthermore, a letter of support provided by the Assistant Chief Nursing Officer of the South Texas hospital approving support for the quality improvement project within the postpartum unit (See Appendix B).

Project Design

This quality improvement (QI) project used a pre-implementation, and post-implementation survey design to implement the Institute for Healthcare Improvements (IHI) evidence-based training toolkit, *Always Use Teach-Back!* to improve nurse discharge processes for postpartum patients and to improve Press Ganey scores. The nursing staff were educated during safety huddles and one-to-one sessions after teach-back observations by the project team over a 90-day period.

The inclusion criteria for patient participants included women who were admitted to the postpartum unit, following childbirth. Registered nurse (RN) participants inclusion criteria

included RNs who were full-time employees on the postpartum unit. Registered Nurses who are full-time employees on the postpartum employee roster were also included as participants and were educated to implement the teach-back methodology intervention for the postpartum patient.

Potential barriers affecting the aims and validity of this QI project included: returned Press Ganey questionnaires, physician buy-in to standardization of discharge information, and nursing compliance. The patient response rate is the greatest concern. Researchers explain the national average rate of returned HCAHPS surveys dropped from 33.3% in 2008 to 26.7% in 2017, which is in part to language barriers, literacy barriers, lack of permanent residence, or transition to an outside facility (Heath, 2019). Prior to, and during, the implementation, pre-printed cards were given to the patients during nurse leader rounds. Discussion about the Press Ganey HCAHPS survey were had with the patient and what to look for when it came in the mail.

Intervention

All RN staff and Obstetrician-Gynecologists were informed of the QI project, interventions, and goals. The Project Team includes the Project Director and the Director of Women's Services, the Postpartum Nurse Manager, and two Core Charge Nurses from the postpartum unit. Each team member was responsible for observing staff, coaching, and reviewing data. The registered nurses on the postpartum unit completed a four-part pre-training, "Conviction and Confidence Scale", which is a self-assessment tool in the *Always Use Teach-Back!* training toolkit, shown in Appendix C (Institute for Healthcare Advancement [IHA], 2020). The data from the pre-training allowed the implementation project team to assess the baseline pre-implementation Conviction and Confidence scores for the registered nurses and their understanding of a teach-back methodology that would be implemented on the postpartum unit. Furthermore, the postpartum nurses responded to the following questions regarding their

demographics; how many years the registered nurse has practiced, their degree level, and their shift worked. After reviewing baseline data from the patient experience Press Ganey HCAHPS survey scores, the *Always Use Teach-back!* toolkit handout materials were printed and prepared for the postpartum registered nurse's initial education and observation. Prior to implementation training, the project team and unit charge nurses completed the 45-minute interactive teach-back methodology learning module online to assist the project team in performing coaching tips during observation validation (IHA, 2020).

The registered nurse completed the *Always Use Teach-back!* 10-point Likert Scale to measure self-assessment of "Conviction and Confidence" before the implementation (IHA, 2020). The 10-point Likert Scale within the "Conviction and Confidence" tool uses 1 as "not at all important" and 10 as "very important" for the Conviction scale. Furthermore, the Confidence scale uses 1 as "not at all confident" and 10 as "very confident". After two weeks of gathering the initial four-part "Conviction and Confidence Scale" surveys, each registered nurse was observed with the *Always Use Teach-back!* Observation tool to validate their current process of using a teach-back methodology, as shown in Appendix D (IHA, 2020).

For a period of two weeks, registered nurses were educated during shift huddles on the *Always Use Teach-back!* "10 Elements of Competence for Using Teach-back Effectively" (IHA, 2020). The ten elements include:

1. The nurse using a caring tone of voice and a compassionate demeanor.
2. The demonstration of comfortable body language and generate eye contact.
3. Use common language.
4. Ask the patient to explain back, applying their own words.
5. Use non-shaming, open-ended questions.

6. Avoid presenting questions that can be responded by giving a standard yes or no.
7. Highlight that the responsibility to explain clearly is on the nurse presenting the information.
8. If the patient is not able to teach back correctly, explain again and validate.
9. Use reader-friendly printed components to support learning.
10. Document use of and patient response to teach-back (IHA, 2020).

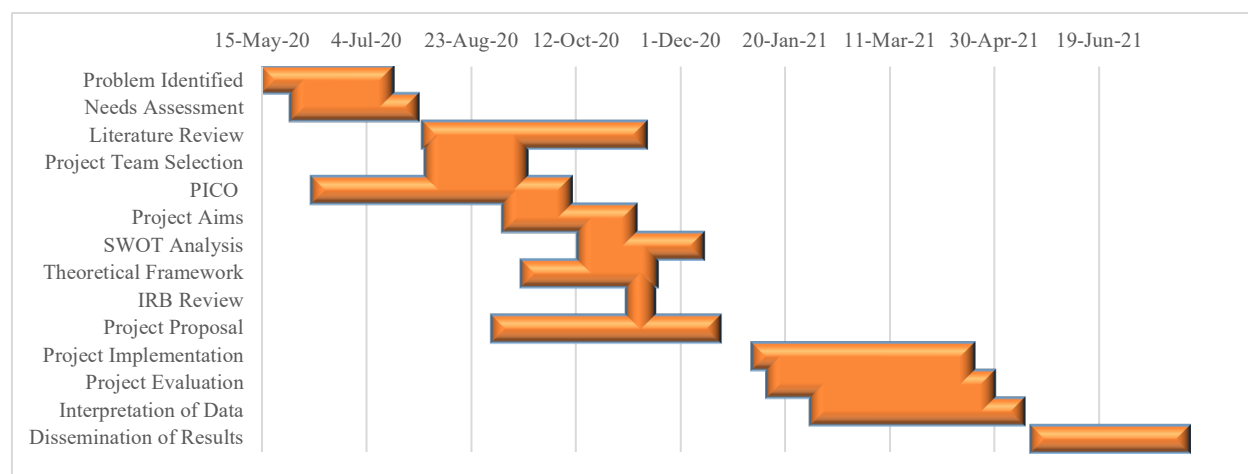
During daily shift huddle, the project team and charge nurses would elaborate on the elements, answer questions, and review the AHRQ “Teach-Back: A Guide for Staff” handout, shown in Appendix E (Agency for Healthcare Research and Quality [AHRQ], 2017). The guide explained how a teach-back methodology is a method for the registered nurses to validate the patients understanding, learn how to use a teach-back methodology, learn why a teach-back methodology is an important safety initiative, and to learn when a teach-back methodology should be included in the patients care.

The project team used the *Always Use Teach-back!* “Teach-back Observation Tool” to observe how the registered nurses implemented the ten elements into their discharge routine of the postpartum patient (IHA, 2020). After each observation, a project team member would coach the registered nurses on their performance based on key points applied or forgotten during observation. The project team used coaching tips to build motivation and honor the work that the registered nurses were doing in seeking new habits during discharge communication.

For 30-days, the project director and charge nurses performed coaching during daily shift safety huddles and observed staff utilizing the teach-back methodology during actual patient discharge events. The project team collected the registered nurse’s “Conviction and Confidence Scale” self-assessment evaluations after a full 90-days post-implementation of the teach-back

methodology and compared the data accordingly. As the Project Director, I reviewed the Press Ganey HCAHPS scores weekly for increases or decreases in “discharge communication” scores. A review of the project timeline can be found in Figure 3.

Figure 3: Project Timeline



Data Collection

The Project Director, and the Postpartum Nurse Manager, had access to the Press Ganey Patient Experience Performance Scorecard, which displays Press Ganey HCAHPS details regarding the patient experience survey results. The performance scorecard is a dashboard within Press Ganey that allows for a quick assessment of focus items to improve upon. Press Ganey scores were monitored weekly for improvement or opportunities over a 90-day period post-intervention. In addition, I collected the registered nurse’s “Conviction and Confidence Scale” self-assessment results pre-implementation and then again at 90-days post-implementation.

Measurement Tools

Press Ganey collects and reports clinical quality measures necessary to meet federal incentive program goals and enhance quality of care (Press Ganey, 2018). The Press Ganey dashboard collects, monitors, and analyzes quality data daily for healthcare facilities to improve

their processes based on patient feedback (Press Ganey, 2020). The Press Ganey HCAHPS survey tool is commonly used in healthcare organizations to analyze the patient experience of each unit (Press Ganey, 2020). Press Ganey is responsible for mailing patient surveys through the United States Postal Service to each patient discharged from the hospital and the results are displayed for each specific unit (Press Ganey, 2020).

The Centers for Medicare and Medicaid Services performed consumer testing and analysis to determine the validity and reliability of the Press Ganey HCAHPS survey tool, which yields Cronbach's alpha value of 0.8 (Centers for Medicare & Medicaid Services [CMS], 2016). The measurement tool's reliability is due to its ability to measure the same results every time the test is administered to different observers (CMS, 2016). This measurement tool was used in the postpartum unit to review patient feedback scores about nurse communication on discharge.

There are 29 HCAHPS questions asked to a patient about their recent hospital admission. Of the 29 questions, 19 are core questions regarding the patients experiences with communication with nurses and doctors, the cleanliness and quietness of the hospital, the responsiveness of the nurses, communication regarding medications, communication regarding discharge instructions, the overall perception of the hospital, and if they would recommend the hospital to others (CMS.gov, 2020). According to CMS (2020), the results are publicly reported based on four consecutive quarters on the Hospital Compare website published by the U.S. Department of Health & Human Services.

The Agency for Healthcare Research and Quality (AHRQ) and the Institute for Healthcare Improvements (IHI) supports an evidence base teach-back methodology as evidence-based when providing discharge communication to patients. The IHI *Always Use Teach-Back!* toolkit was created by a partnership between the Picker Institute's Always Event Program, which

centers around aspects of the patients experiences that are crucial to patients and their families and healthcare professionals must incorporate strategies consistently into the patient care, every time (IHA, 2020). The four-part “Conviction and Confidence Scale” is a self-assessment tool for clinicians to evaluate their confidence when using a teach-back method. The *Always Use Teach-Back!* toolkit is an evidence-based health literacy intervention supported by grants from The Picker Institute and Des Moines University to address the National Action Plan to Improve Health Literacy goals (Institute for Healthcare Advancement [IHA], 2021).

The postpartum unit used the self-assessment four-part “Conviction and Confidence Scale” pre-implementation and 90-days post-implementation of the teach-back methodology intervention to assess the registered nurse’s responses. The nurse’s responses were collected by the project team and comparison from pre-implementation and post-implementation scores were analyzed using a descriptive analysis, scatter plot graph, and diverging stacked graphs.

Data Analysis

Descriptive statistics were used to analyze the demographics of the registered nurses. Demographics examined included years in practice, college degree, and shift the nurses worked. To review the goal of the first aim, I reviewed the Press Ganey HCAHPS dashboard and recorded the percentage scores for nurse communication at discharge each week of the project for 12 weeks. To review the goal of the second aim, I reviewed the registered nurses’ “Conviction and Confidence Scale” self-assessment survey results, then placed the results of all four parts in an excel format to track the pre-implementation and post-implementation results for conviction, confidence, utilization, and elements of effective teach-back used more than half of the time in the past week.

RESULTS

Implementation

With a focus on the projects first aim, to improve Press Ganey HCAHPS scores regarding registered nurse communication at discharge, the project team engaged the postpartum registered nursing staff and key Obstetrician-Gynecologists to discuss the use of a teach-back methodology and the importance of validating discharge communication through effective understanding of the postpartum patient's health literacy. A review of the IHA's *Always Use Teach-back!* toolkit, concerns regarding the unit's re-admission pattern, and discharge communication Press Ganey HCAHPS scores led to greater buy-in from the physicians and registered nursing staff. The project team and unit stakeholders agreed to implement the use of a teach-back methodology when performing discharge teaching from the printed discharge instructions from the hospital's electronic health record.

In the late planning phase of this quality improvement project, the charge registered nurses had a desire to add the evidence-based printed handout materials from the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) program *Post-Birth Warning Signs* (Association of Women's Health, Obstetric, and Neonatal Nurses [AWHONN], 2018) to the materials provided to the patients. The registered nurses found the handouts were colorful and easy to comprehend. The handouts were ordered and made available to include in the discharge education for postpartum patients.

In early January 2021, the registered nurses on the unit were informed of the rationale for the quality project, the education required, the project goals, validation and coaching methods, and the measurement tools to be used. To accomplish the second aim, improving the registered nurse's self-assessment scores of "10" by 10% for conviction and confidence and increasing

utilization and elements used more than half the time when using an evidence based teach-back methodology during discharge, the project team assessed the pre-implementation four-part *Always Use Teach-back!* “Conviction and Confidence Scale” results completed by the postpartum registered nurses.

Outcomes

Of the 33 registered nurses on the unit, the mean years of services totaled 18.9 years. The Associates Degrees in Nursing (ADN) staff ($n = 20$; 60.6%) had an average year of service totaling 22.2 years, with 26.7 years ($n = 9$) of service on the day shift and 18.5 years ($n = 11$) of service on night shift. The Bachelor of Science in Nursing (BSN) staff ($n = 12$; 36.3%) had an average year of service totaling 12.2 years, with 7 years ($n = 6$) of service on the day shift and 17.3 years ($n = 6$) of service on the night shift. The Master of Science in Nursing (MSN) degree nurse ($n = 1$; 3.0%) has 34 years of service and is assigned to the day shift (see Figure 4).

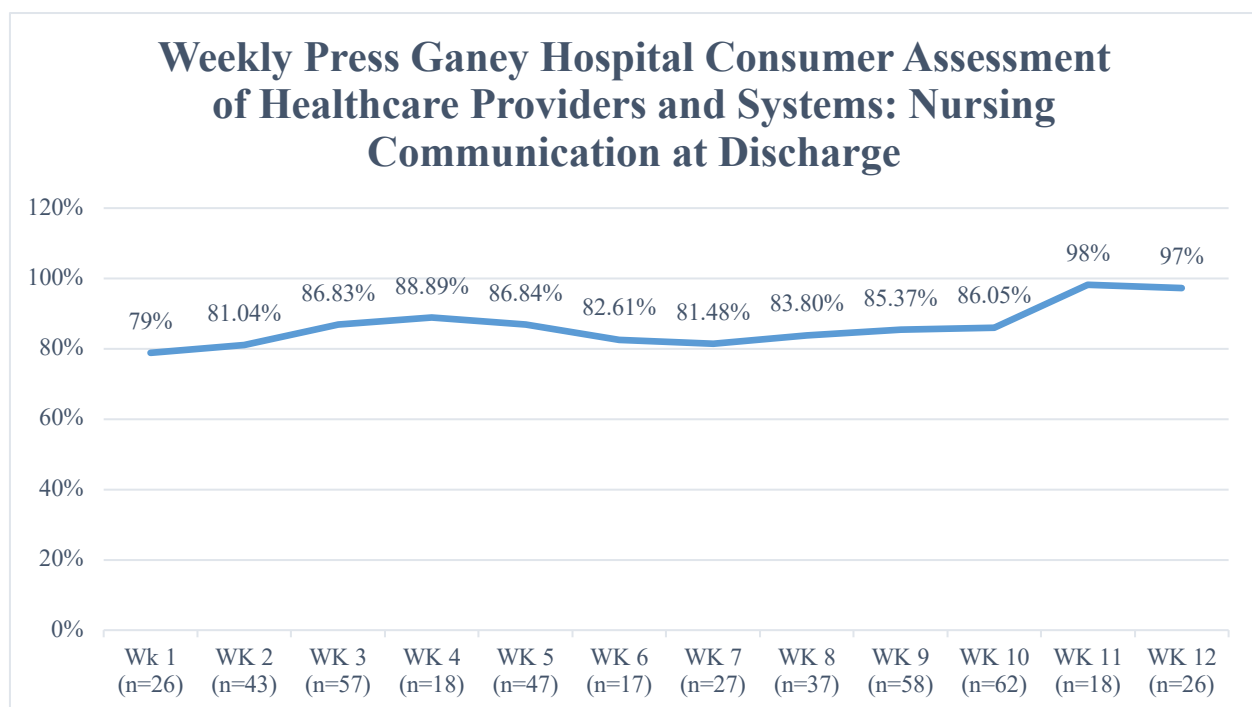
Figure 4: Registered Nurse Demographics

RN Degree and Shift Worked	Count of RN	Average of Years of Service
ADN	20	22.2
AM	9	26.7
PM	11	18.5
BSN	12	12.2
AM	6	7
PM	6	17.3
MSN	1	34
AM	1	34
Grand Total	33	18.9

As the Project Director, I reviewed weekly Press Ganey HCAHPS Discharge Communication scores on the Press Ganey Dashboard to focus on the project’s first aim. The pre-implementation top box score of 79% was reported for week one and had a noticeable

increase over three weeks to a score of 88.89% (Press Ganey, 2020). At the beginning of week 7, the scores dropped to 81.48% (Press Ganey, 2020). This was more than likely due to a major ice storm in the local area, which impacted hospital staffing and delayed the project team's ability to sustain observations and validation rounding. Four weeks after the project team reinitiated their rounding, the Press Ganey HCAHPS scores reached 98% for discharge communication and maintained a score of 97% on week 12 post-implementation; see Figure 5 for details (Press Ganey, 2020).

Figure 5: Press Ganey HCAHPS Scores

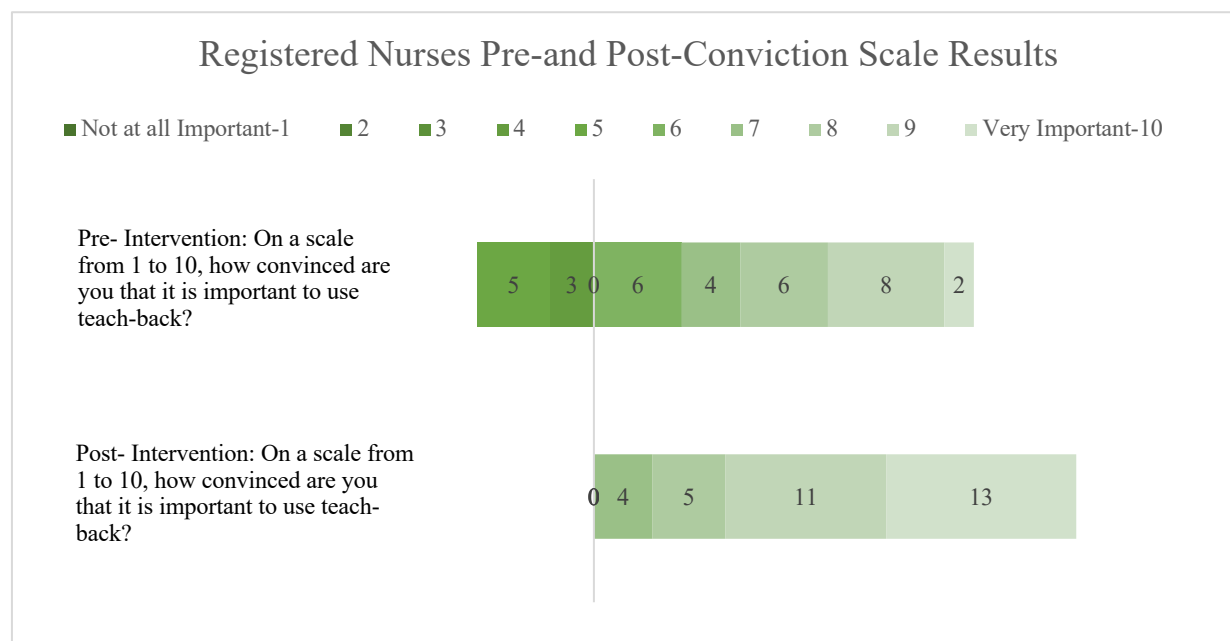


To review the results of the project's second aim, after 90-days of implementation, the registered nurses were given the same four-part self-assessment tool, *Always Use Teach-back!* "Conviction and Confidence Scale". The tool is a self-assessment for the registered nurse to analyze their post-implementation conviction, confidence, utilization, and the elements of

effective teach-back used during the past work week. The project team used a variety of tables to analyze and display the findings.

The pre- and post- implementation conviction scale was displayed in a 10-point Likert scale in the tool. The scale of 1 being “not at all important” and 10 being “very important”. During the pre-implementation period, the conviction scale displayed 24% ($n = 33$) of the registered nurses had scored themselves below 5 and post-implementation 0% ($n = 33$) of the registered nurses had scored themselves below five. The registered nurses who chose ten, “very important”, during the pre-implementation phase totaled 6% ($n = 33$) and post-implementation 39% ($n = 33$); see Figure 6 for details.

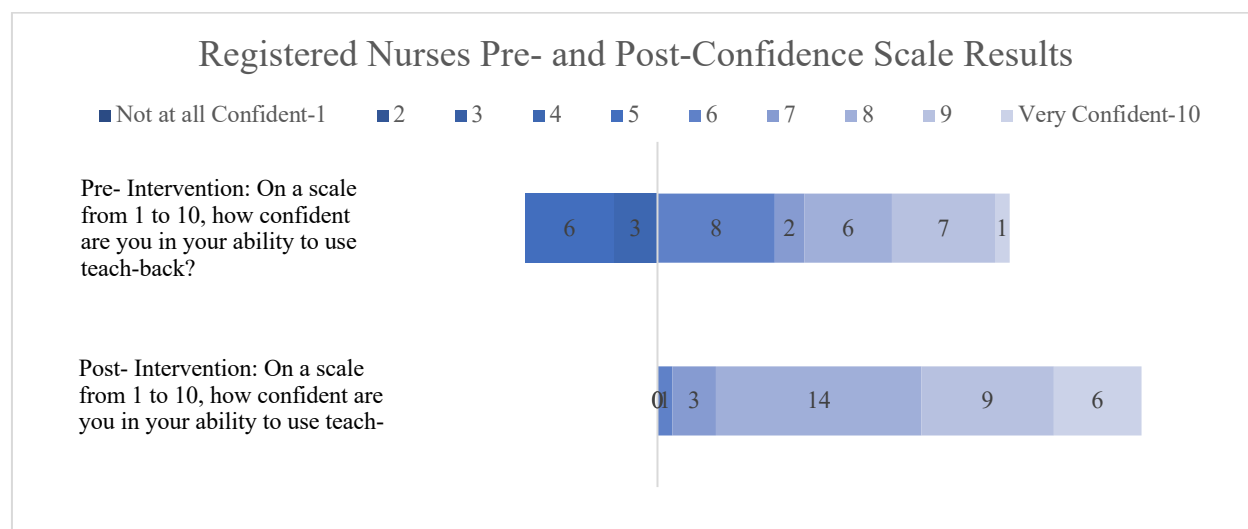
Figure 6: Pre- and Post-Conviction Scale



The pre- and post- implementation confidence scale was displayed in a 10-point Likert scale in the tool. The scale of 1 being “not at all confident” and 10 being “very confident”. During the pre-implementation period, the confidence scale displayed 24% ($n = 33$) of the registered nurses had scored themselves below 5 and post-implementation 0% ($n = 33$) of the

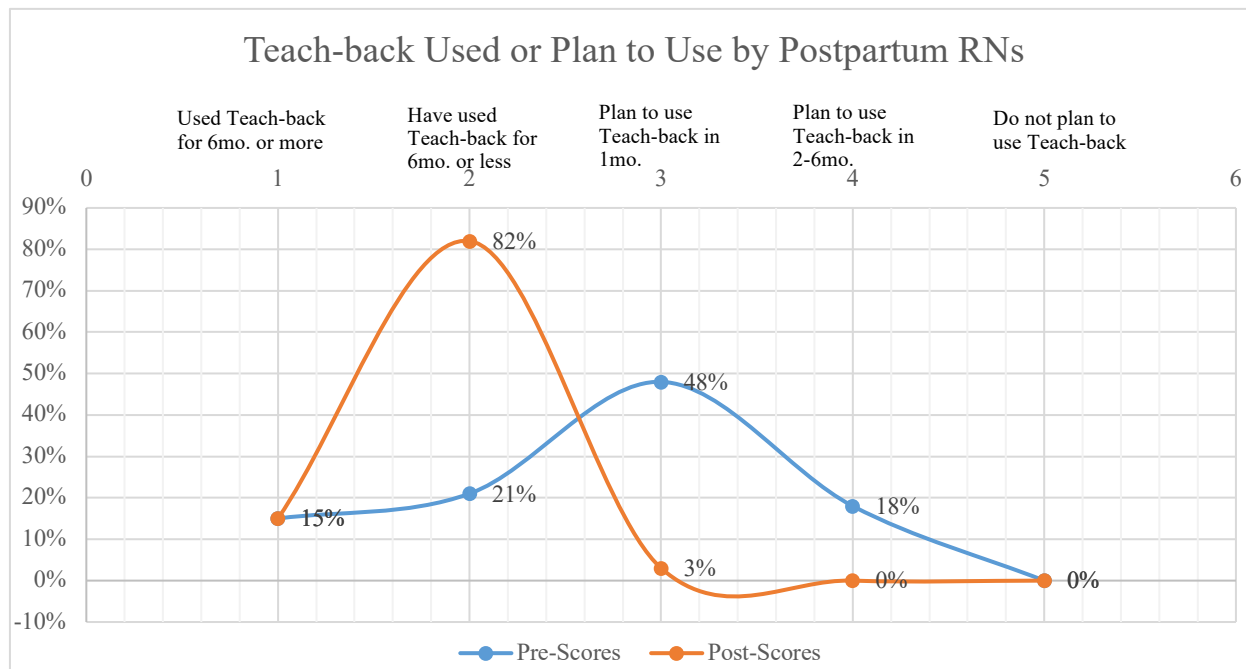
registered nurses had scored themselves below five. The registered nurses who chose ten, “very confident”, during the pre-implementation phase totaled 3% ($n = 33$) and post-implementation 18% ($n = 33$); see Figure 7 for details.

Figure 7: Pre- and Post-Confidence Scale



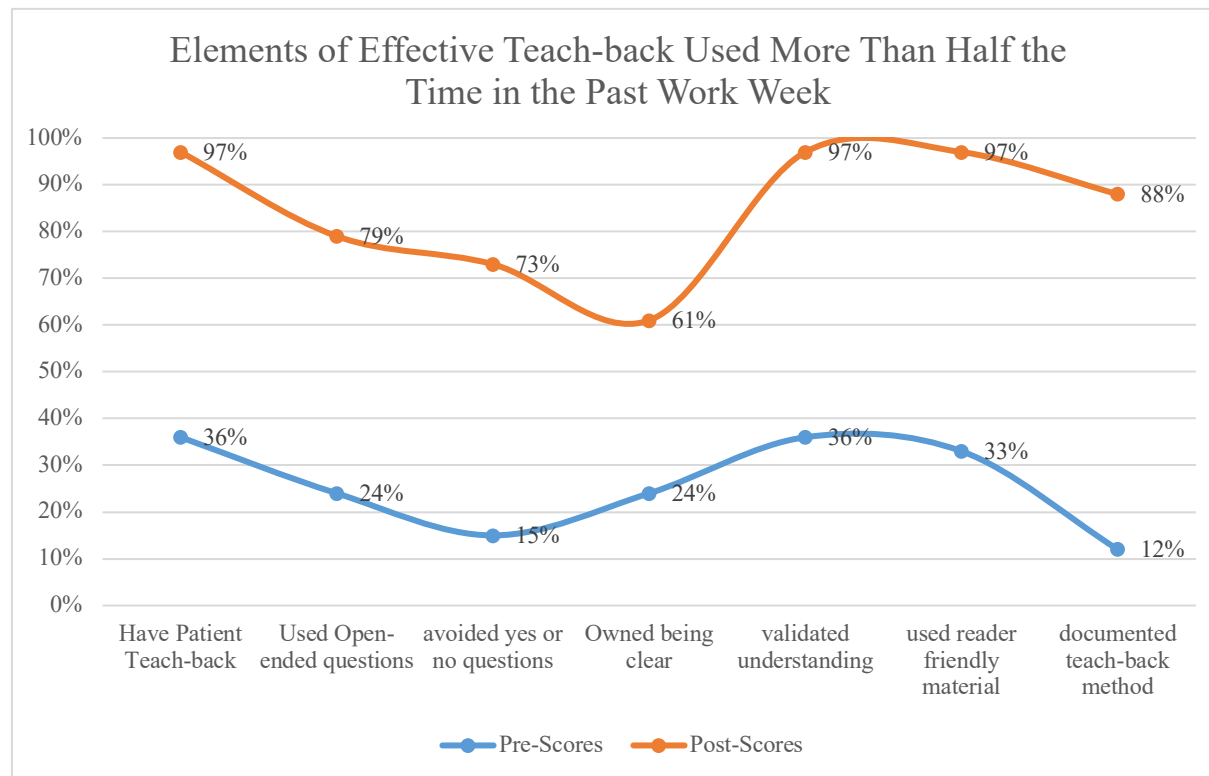
The third portion of the *Always Use Teach-back!* “Conviction and Confidence Scale” focuses on how often the registered nurse asks the patient to return the explanation of education, in their own words, what the important topics were to be able to perform self-care. The registered nurses had the option to select 6 months or more, less than 6 months, plan to in the next month, plan to in the next 2 to 6 months, or do not plan to use. The pre-implementation utilization of a teach-back method totaled 15% ($n = 33$) and did not change with post-implementation results. The largest post-implementation change was an increase from 21% ($n = 33$) to 82% ($n = 33$) for registered nurses who have used teach-back in the past 6 months; See Figure 8 for details.

Figure 8: Teach-back Utilization



The last portion of improving the registered nurses' conviction and confidence with using a teach-back method during discharge communication was to review the self-assessment of the elements used in the past work week. There were ten elements on the Always Use Teach-back! "Conviction and Confidence Scale". Of the ten elements, 3 elements scored 100% on the pre- and post-implementation assessment. Those elements included using a caring tone and attitude, displaying comfortable body language, and including family members when present. The other 7 elements were analyzed for a 10% increase for each, which would assist in meeting the second aim. The largest increase in response focused on using reader friendly print materials and the smallest increase in response was the self-assessment of taking responsibility to be clear during teach-back; see Figure 9 for details.

Figure 9: Elements of Effective Teach-back



DISCUSSION

This quality improvement project was implemented to improve nursing communication with postpartum patients at discharge through application of an evidence-based teach-back method aimed toward increasing nurses' self-assessment of confidence and conviction in the teach-back and improving Press Ganey HCAHPS scores. The project focused on two project aims by improving Press Ganey Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores by 10% after 90-days post-implementation. Secondly, the aim to significantly improving the registered nurse's self-assessment of conviction scores, confidence scores, utilization, and elements used more than half the time when performing a teach-back methodology. The specific goals for the second aim are to improve the number of nurses who score themselves as "10" on the 10-point Likert Scale for pre- and post-implementation

conviction and confidence scores by 10%. Furthermore, the project team set a goal to increase utilization of teach-back by 10% in 6 months or less and increase the elements used by 10% 90-days post-implementation. Both project aims were successfully achieved at the end of the 90-day post-implementation evaluation.

The success of this quality improvement project was due to the overwhelming support of the Obstetrician-Gynecologists, registered nurses, and project team to improve maternal outcomes. Weekly data was posted by the Postpartum Nurse Manager on the postpartum unit to allow for transparency in the work the registered nurses were performing at the bedside. Positive patient comments noted on the Press Ganey HCAHPS dashboard were shared and rewarded on the unit to celebrate the personal connections the registered nurses were making during the postpartum patients' admission.

While there was significant buy-in from many of the obstetrician-gynecologists who cared for patients on the postpartum unit, a few who did not embrace the increased awareness to post-birth warning signs. One week into the implementation, the project team continued to review patient readmissions to the postpartum unit. A deeper review of the unit culture revealed a lack of buy-in from a few obstetrician-gynecologists to use the AWHONN *Post-Birth Warning Signs* discharge handouts. Not all the obstetrician-gynecologists approved of the information displayed and suggested the postpartum patients would be fearful or overzealous about normal pathological events, such as passing one small clot with no other excessive bleeding or increased fluid retention as progesterone levels increase that occur in the postpartum period. The AWHONN handouts were removed from the project and placed in the plan for revision after further discussions with the obstetrician-gynecologists.

The obstetrician-gynecologist champions and registered nursing staff discussed the positive impact on the patients discharge education sessions and post discharge Press Ganey HCAHPS scores, which led to improved discussions with obstetrician-gynecologists who were initially hesitant. During the project implementation, the Joint Commission issued a new Patient Care Standards for Maternal Safety requiring improved discharge education for maternal hemorrhage and hypertension (Joint Commission, 2019). This standard required the hospital to develop educational posters and structured discharge handout education regarding post-birth warning signs. Since the development of the educational materials, the discharge communication scores continued to increase after the project timeline.

Comparative Evidence

Mahajan, et al., (2020) used a prospective cohort study in a non-academic emergency department to understand the poor recall and understanding of discharge education. The sample size for the study included 483 patients, 239 were in the control group and 244 were in the intervention group (Mahajan et al., 2020). Mahajan et al., (2020) required healthcare staff to use the evidence based teach-back method with the intervention group, while the control group was provided with standard discharge communication. After 2-4 days post discharge, the patient was called for comprehension and recall scores and the results found the intervention group had a deficit decline from 49 to 11.9% and improved the patient's immediate and short-term recall and discharge education comprehension (Mahajan et al., 2020).

Denault, et al., (2019) used a cross sectional approach to survey registered nurses pre- and post-video education demonstrating teach-back in the patient care setting. The goal of the project was to determine if nurses were familiar with using teach-back for patient communication and assess the registered nurse's confidence in the technique (Denault, et al.,

2019). After Deanult, et al., (2019) surveyed the 36 nurses that participated in the survey, they found an increase of 33% in likelihood that the nurses would use a teach-back method during communication

Limitations

The timing of this project took place during an organizational change in leadership. Members of the women's services leadership team were vacant for the entire implementation, causing the Postpartum Nurse Manager to take on the responsibility of two large units with a total of 125 direct nursing reports. This decreased the amount of time the Postpartum Nurse Manager could spend validating implemented protocols and required me, the Project Director, and charge nurses to coach and validate more discharges, stretching the ability to perform effectively.

The women's services service line also began to prepare for the Texas Maternal Levels of Care Designation in August of 2020. To improve the maternal health outcomes, the Texas Health and Human Services developed the Texas Administration Code, Title 25, Chapter 133, Subchapter K. This bill helps develop and recommends criteria for hospitals to follow those who care for neonatal and maternal patients to improve the maternal mortality and morbidity rates (H.R. Resolution 15, 2014). With this accreditation preparedness, the expectations of nurses and physicians increased to improve the quality of care given to maternal patients. Preparing for the April 2021 accreditation survey caused many members of the project team to work on multiple quality processes simultaneously. Lastly, during the implementation, a Texas ice storm fell on the Region, caused two weeks of low staffing, which required the project team to work at the bedside during which time they were unable to follow and coach staff as needed. The Press

Ganey HCAHPS scores saw a decrease during certain weeks, but never reached pre-implementation scores.

Interpretation

The Plan-Do-Study-Act Model played a large part in the pre-implementation phase of this quality improvement project. The obstetrician-gynecologists engagement became a greater issue after the project materials were first presented. Some education material, patient resources and rollout to the nursing staff had to be revamped to receive buy-in and plan for the project's sustainability.

Discussions during daily shift huddles about the progress and challenges that created a greater sense of ownership and accountability with the nursing staff to use a teach-back methodology during discharge education. Discussions regarding the maternal mortality and morbidity rates in America with the registered nurse staff led to impactful conversations of how the healthcare industry is failing the postpartum patient. Furthermore, many registered nurses on the postpartum unit did not fully understand the value of assessing the health literacy of the postpartum patient after using the teach-back methodology during the discharge process. The registered nurses took on a more active educator role and reviewed the discharge instructions step by step to improve the patients' understanding, and validation with a teach-back methodology.

This project evaluated the impact of quality in structure processes, outcomes of those processes to guide the nursing innovation of change and give the patient the greatest ability to improve their health outcomes based on the knowledge given at discharge. The postpartum unit had failed at keeping up with evidence-based practice in discharge instructions and coordinating the post discharge care with physicians. The patients were not equipped to understand when to

follow up or return to the hospital for worsening symptoms. This was because the discharge instructions were not adequately validated, ensuring that the postpartum patient understood the topics. Using a teach-back methodology created the ability to enhance patients' understanding, preparedness for self-care after discharge, and experience with discharge communication.

Conclusion

According to the Press Ganey HCAHPS pre-implementation and post-implementation scores, utilizing a teach-back methodology during the postpartum patients discharge education had a significant impact on improving their hospital experience with discharge communication in this hospital unit. Nurses in similar units should strive to deliver evidence-based quality discharge education to enhance their patients' quality of life post-discharge and improve the national maternal morbidity and mortality rates. There were greater self-assessment confidence and conviction scores when using a teach-back methodology in our registered nursing staff after implementing this quality improvement project. To alleviate a fear of change in the registered nurse's practice, on-going validation and education is needed on the postpartum unit. More vigilance is needed to keep maternal registered nurses up to date on current events in healthcare for maternal patients.

The next cycle of this quality improvement project will focus on reviewing how the structured patient discharge hand-out regarding postpartum warning signs has impacted the readmission rates to the postpartum unit. The impact of using a teach-back methodology during discharge consistently will continue to support the transformation change developed within the organization. Structured, evidence-based discharge communication, which is validated by using a teach-back methodology, played a critical role in improving the postpartum patient experience and reducing maternal morbidity and mortality in this facility. Registered nurses can stay

updated with maternal health trends and remain confident in evidence-based practices with ongoing education and support. Therefore, it is imperative that all maternal registered nurses provide exceptional patient education that begins on admission and throughout the discharge process to improve the maternal patient's self-care, patient experience and reduce the risks of maternal morbidity and mortality.

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APPENDIX A: Not Human Subject Determination Letter

Dear Dr. Bunny Forgione,

Activities meeting the DHHS definition of research or the FDA definition of clinical investigation and involves human subjects are subject to IRB review and approval.

On 10-08-2020, the Office of Research Compliance reviewed the project below and determined that the proposed activity does not meet the FDA definition of a clinical investigation or DHHS definition of research:

Type of Review:	Not Human Subjects Determination
IRB ID:	TAMU-CC-IRB-2020-10-086
Project Lead:	Dr. Bunny Forgione
Title:	Improving the Post-Partum Patient Experience with Implementation of the Teach-Back Methodology During Hospital Discharge Education
Rationale:	The project will not develop or contribute generalizable knowledge

Therefore, this project does not require IRB review. You may proceed with this project.

Limits to this determination:

1. This determination applies only to the activities described in the documents reviewed. Any planned changes require submission to the IRB to ensure that the research continues to meet criteria for a non-human subject research determination.
2. This project may NOT be referenced as "IRB approved".

The following statement can be included in the manuscript: "This Project was reviewed and determined to not meet the criteria for human subjects research by the Texas A&M University-Corpus Christi Institutional Review Board."

Please do not hesitate to contact the Office of Research Compliance with any questions.

Respectfully,

Germaine Hughes-Waters

Office of Research Compliance

APPENDIX B: Facility Support Letter



August 23, 2020

Dr. Sara Baldwin
Associate Dean for Academic Programs
College of Nursing and Health Sciences
Texas A&M University – Corpus Christi
6300 Ocean Drive
Corpus Christi, TX 78412

Dear Dr. Baldwin,

The purpose of this letter is to provide Bobi Jo Martinez, a Doctor of Nursing Practice student at Texas A&M University College of Nursing and Health Sciences, support in conducting a quality improvement project at Corpus Christi Medical Center. The project, Improving Patient Satisfaction through Nursing Communication, entails Press Ganey survey scores and feedback received on clinical leaders rounding to determine the impact on patient satisfaction scores after initiation of the Teach-Back Methodology.

The purpose of this project is to improve patient satisfaction scores when focusing on nurse communication. Corpus Christi Medical Center was selected for this project because the current Press Ganey Scores are in the bottom 1% of the HCA Corporation. Bobi Jo Martinez is employed at this institution and has an interest in improving care at this facility.

I, James Hobbs, ACNO, an administrator at, Corpus Christi Medical Center, do hereby fully support Bobi Jo Martinez in the conduct of this quality improvement project, Improving Patient Satisfaction through Nursing Communication, at Corpus Christi Medical Center.

I also approve Bobi Jo Martinez to access protected health information (PHI) for purposes of conducting this quality improvement project. She has signed a HIPAA release form.

Sincerely,

A handwritten signature in dark ink, appearing to read "James Hobbs", written over a horizontal line.

James Hobbs, Assistant Chief Nursing Officer
Corpus Christi Medical Center

PO Box 8991
Corpus Christi
TX 78468-8991
361-761-1000

Bay Area
7101 S. Padre Island Drive
Corpus Christi TX, 78412
361-761-1200

Doctors Regional
3315 S. Alameda Street
Corpus Christi TX, 78411
361-761-1400

The Heart Hospital
7002 Williams Drive
Corpus Christi TX, 78412
361-761-6800

Northwest Regional
13725 Northwest Blvd.
Corpus Christi TX, 78410
361-767-4300

APPENDIX C: *Always Use Teach-back!* Conviction and Confidence Scale



Conviction and Confidence Scale

Fill this out before you start using teach-back, and 1 and 3 months later.

Name: _____

Check one: ☐ Before - Date: _____

☐ 1 month - Date: _____

☐ 3 months - Date: _____

1. On a scale from 1 to 10, how **convinced** are you that it is important to use teach-back (ask patients to explain key information back in their own words)?

Not at all important

Very Important

1 2 3 4 5 6 7 8 9 10

2. On a scale from 1 to 10, how **confident** are you in your ability to use teach-back (ask patients to explain key information back in their own words)?

Not at all confident

Very Confident

1 2 3 4 5 6 7 8 9 10

3. How often do you ask patients to explain back, in their own words, what they need to know or do to take care of themselves?

- ☐ I have been doing this for 6 months or more.
☐ I have been doing this for less than 6 months.
☐ I do not do it now, but plan to do this in the next month.
☐ I do not do it now, but plan to do this in the next 2 to 6 months.
☐ I do not do it now and do not plan to do this.

1



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Conviction and Confidence Scale continued

4. Check all the elements of effective teach-back you have used **more than half the time in the past work week**.

- ☐ Use a caring tone of voice and attitude.
- ☐ Display comfortable body language, make eye contact, and sit down.
- ☐ Use plain language.
- ☐ Ask the patient to explain, in their own words, what they were told.
- ☐ Use non-shaming, open-ended questions.
- ☐ Avoid asking questions that can be answered with a yes or no.
- ☐ Take responsibility for making sure you were clear.
- ☐ Explain and check again if the patient is unable to teach back.
- ☐ Use reader-friendly print materials to support learning.
- ☐ Document use of and patient's response to teach-back.
- ☐ Include family members/caregivers if they were present.

Notes: _____

2



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APPENDIX D: *Always Use Teach-back!* Teach-back Observation Tool



Teach-back Observation Tool

Care Team Member: _____ Date: _____

Observer: _____ Time: _____

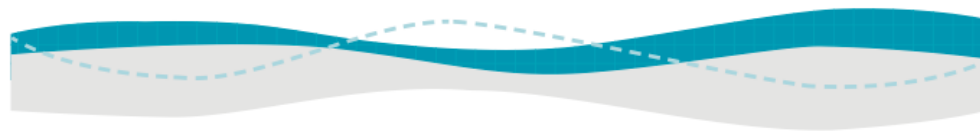
Did the care team member...	Yes	No	N/A	Comments
Use a caring tone of voice and attitude?				
Display comfortable body language, make eye contact, and sit down?				
Use plain language?				
Ask the patient to explain in their own words what they were told to do about: <ul style="list-style-type: none"> • Signs and symptoms they should call the doctor for? • Key medicines? • Critical self-care activities? • Follow-up appointments? 				
Use non-shaming, open-ended questions?				
Avoid asking questions that can be answered with a yes or no?				
Take responsibility for making sure they were clear?				
Explain and check again if the patient is unable to use teach-back?				
Use reader-friendly print materials to support learning?				
Document use of and patient's response to teach-back?				
Include family members/caregivers if they were present?				

1



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Teach-Back

A Guide for Staff

What is teach-back?

Teach-back **IS** a way for you to make sure your patients understand what you tell them.

Teach-back **IS NOT** a test or a quiz for patients.

How do I use teach-back?

Just ask patients to explain what you have told them using their own words. For example, if you explain what they need to do to prepare for a procedure, ask them if they can **teach back** to you how they are going to prepare.



Why should I use teach-back?

As part of the care team, you have an important safety role in making sure your patients understand all the information they are given during their visit.

Did you know that patients forget up to 80% of what you tell them after a visit?¹ If they do remember, only half of what they remember is correct.²

When should I use teach-back?

Use teach-back whenever explaining important concepts to patients regarding their health care, including:

- Medicines.
- Home care instructions.
- Use of a new device.
- Next steps in their care.
- Anything else that is important for them to understand.

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